| Γ  | •  |                                  | Application or Docket Number . |                     |   |                   |        |            |                        |          |                     |                        |        |
|--|--|----------------------------------|--------------------------------|---------------------|---|-------------------|--------|------------|------------------------|----------|---------------------|------------------------|--------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998  9 46613 |  |                                  |                                |                     |   |                   |        |            |                        |          |                     |                        |        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |  |                                  |                                |                     |   |                   |        | ALL<br>PE  | ENTITY                 | OR       |                     | R THAN<br>ENTITY       |        |
| FOR  |  |                                  | NUMBER FILED NUMBER            |                     |   | EXTRA             | · RA   | ΓE         | FEE                    | 7        | RATE                | FEE                    | 1.     |
| BASIC FEE  |  |                                  |                                |                     |   | 10.00             |        |            | 380.00                 | OR       |                     | 760.00                 |        |
| TOTAL CLAIMS   |  |                                  | 2                              | winus 4             | 20= • 4                                     |                   | X\$    | 9=         |                        | OR       | X\$18=              | 12                     |        |
| INDEPENDENT CLAIMS   |  |                                  | y minus 3 = *                  |                     |   | •                 | ХЗ     | )=         |                        | OR       | X78≈                |                        | 1      |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |                                  |                                |                     |   |                   |        | <br>0=     |                        | OR       | +260=               | i .                    | 1.     |
| * If the difference in column 1 is less than zero, enter "0" in column 2         |  |                                  |                                |                     |   |                   | TO1    | _          | +                      | OR       | TOTAL               | 832                    | 1      |
| , CLAIMS AS AMENDED - PART II  |  |                                  |                                |                     |   |                   |        |            |                        |          | OTHER               |                        | 1      |
| 2  | 2 / / 0 / 0 ((Column 1) (Column 2) (Column 3)  |                                  |                                |                     |   |                   | SMA    | <u>ц</u>   | ENTITY                 | OR       | SMALL               |                        | Į.     |
| <b>AKENDMENTA</b>  |  | REMA<br>AFT<br>AMENO             | INING<br>ER                    |                     | NUMBER<br>PREVIOUSLY<br>PAID FOR            | PRESENT<br>EXTRA  | RAT    | E          | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |        |
| N N  | Total  | . 2                              | 4                              | Minus               | -29   |                   | X\$ 9  | <b>)</b> = | •                      | OR       | X\$18=              |                        |        |
| AKE  | Independent  | <u>.</u>                         | 3                              | Minus               | <b>₩</b> 3                                  | a ~               | X38    | =          |                        | OR       | X78=                |                        |        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |                                |                     |   |                   |        |            |                        | OR       | +260=               |                        | 6      |
| 44/  |  |                                  |                                |                     |   |                   |        | TAL        |                        |          | TOTAL<br>ADDIT, FEE |                        | Ę      |
| 1  | 211104   | Colum                            |                                |                     | (Column 2)                                  | (Column 3)        | ADDIT. | ree        |                        |          |                     | •                      | K      |
| ENDMENT B  |  | " CLAI<br>REMAI<br>AFTI<br>AMEND | NING<br>ER                     |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RAT    | E          | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE | aple   |
|  | Total ·  | • _                              |                                | Minus               | ** .  |                   | X\$ 9  | =          |                        | OR       | X\$18=              | • .                    | 10     |
| AME  | Independent  | • _                              | $\geq$                         | Mihus               | <del></del>                                 | 9                 | X39    | <b>-</b>   |                        | OR       | X78=                |                        | Z      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |  |                                  |                                |                     |   |                   | ÷136   | _          |                        | OR       | <b>→260=</b>        |                        | Best / |
|  |  |                                  |                                |                     |   |                   |        | AL<br>EE   |                        | OR       | YOTAL<br>ADDIT. FEE |                        | 8      |
| _  |  | (Colun                           |                                | o Service the China | (Column 2)                                  | (Column 3)        |        |            |                        |          |                     |                        | İ      |
| AMENDMENT C  |  | REMAII<br>AFTE<br>AMEND          | NING<br>ER .                   |                     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATI   | <b>E</b>   | ADDI-<br>TIONAL<br>FEE |          | PATE                | ADDI-<br>TIONAL<br>FEE |        |
| 2  | Total  | •                                |                                | Minus .             | **  | •                 | X\$ 9  | .          |                        | OR       | X\$18=              |                        |        |
| 뾝  | Independent  | •                                |                                | Minus               | 414   | •                 | X39:   | ┪          |                        | OR       | X78=                |                        |        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |                                |                     |   |                   |        |            |                        |          |                     |                        |        |
| • #  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                                  |                                |                     |   |                   |        |            |                        | OR       | +260= .             |                        |        |
| -  | "If the "Highest Number Previously Paid For" (N THIS SPACE is less than 2, enter "20."  ADDIT. FEE  TOTAL  ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |                                |                     |   |                   |        |            |                        |          |                     |                        |        |
|  | The Thighest Huit  | LIBÁO                            | very Fell                      | THE COURT OF        |   | e induest umunet. |        | app        | ropnate oc             | c en col | MIN 1.              |                        |        |